
State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: 70129-off sig
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company
Product Name: 70129-off sig
State: Arkansas
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Filing Type: Form
Date Submitted: 01/14/2013
SERFF Tr Num: HUMA-128844232
SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num:
State Status: Closed-Accepted for Informational Purposes
Co Tr Num: AR 70129 OFF SIG

Implementation: On Approval
Date Requested:
Author(s): Laura Kocken, Berthena Reed, Tina Jaworski
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/25/2013
Disposition Status: Accepted For Informational Purposes
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: 70129-off sig
Project Name/Number: /

Filing Company: Humana Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type: Individual
Overall Rate Impact: Filing Status Changed: 01/25/2013
State Status Changed: 01/25/2013
Deemer Date: Created By: Tina Jaworski
Submitted By: Tina Jaworski Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related
PPACA Notes: null
Include Exchange Intentions: No
Filing Description:
Please see cover letter.

Company and Contact

Filing Contact Information

Tina Jaworski, Compliance Analyst tjaworski@humana.com
1100 Employers Blvd 920-337-7855 [Phone]
Green Bay, WI 54344

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	70129-off sig		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Rosalind Minor	01/25/2013	01/25/2013

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Disposition

Disposition Date: 01/25/2013

Implementation Date:

Status: Accepted For Informational Purposes

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	PPACA Uniform Compliance Summary	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	01/25/2013
Bypass Reason:	No form submitted.		
		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	01/25/2013
Bypass Reason:	No Form submitted.		
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	01/25/2013
Bypass Reason:	No Form submitted.		
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	01/25/2013
Bypass Reason:	No Form submitted.		
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Accepted for Informational Purposes	01/25/2013
Bypass Reason:	No Form submitted.		
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Accepted for Informational Purposes	01/25/2013
Comments:			
Attachment(s):			
AR Cover Letter.Signature.pdf			

HUMANA®

January 10, 2013

Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: Humana Insurance Company
Informational notification – Company officer name change
NAIC# 73288
FEIN # 39-1263473

Dear Sir/Madam:

We are notifying you on an informational basis due to a company officer name change. The only change being made is to the company officer signature and name. The officer name is changing from Michael B. McCallister to Bruce Broussard. This change is applicable to all approved policy series. No other changes are being made to the previously approved forms.

If you have any questions regarding this filing, please contact me by phone at 1-800-289-0260, x3377855, by fax at 920-632-9715, or by e-mail at tjaworski@humana.com.

Sincerely,
Humana Insurance Company

Tina M. Jaworski
Product Compliance Analyst